

Name
in
Full


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

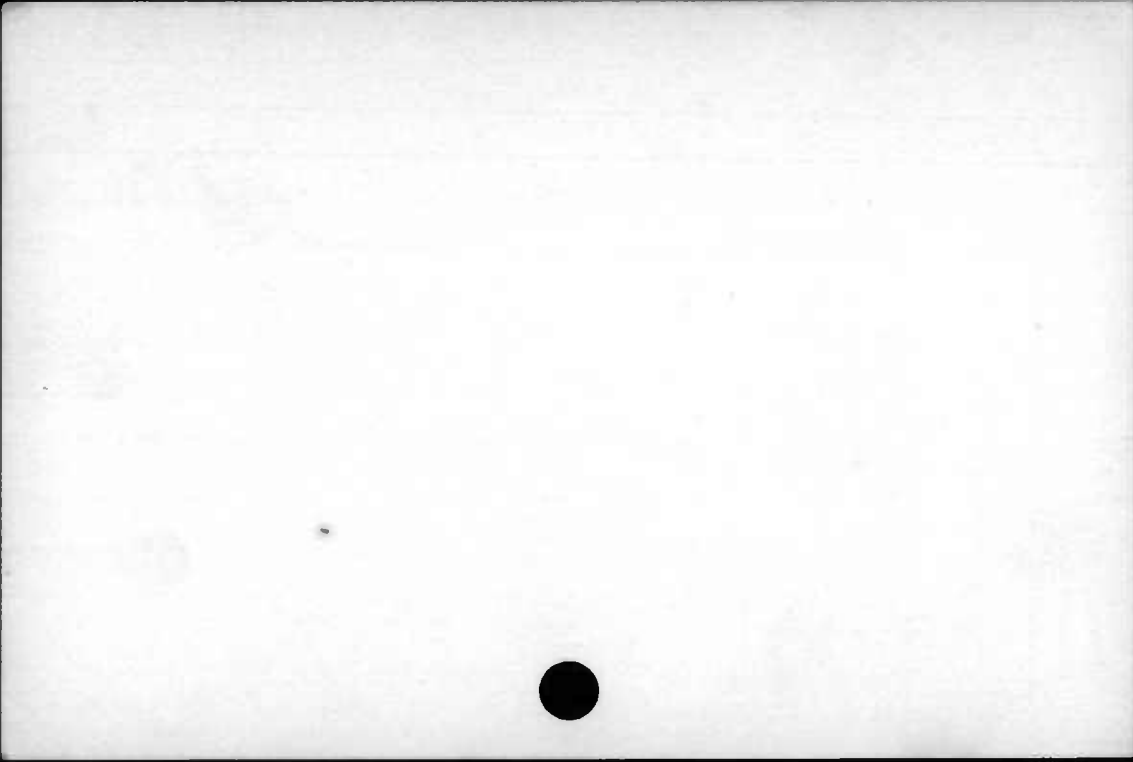
Died at <i>Port Deposit</i> ^{Town} <i>Cecil</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>2</i>	Day <i>11</i>	Age <i>57</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Cecil Co</i>	Months <i>—</i> Days <i>—</i>
Married, Single or Widowed <i>Married</i>	Occupation <i>Shoemaker</i>		
Name of Wife or Husband <i>Harriett Archer</i>			
Father's Name <i>—</i>		Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>Cassie Archer</i>		Mother's Birthplace <i>Cecil Co</i>	
Name of person giving information <i>Harriett Archer</i>		How related to deceased <i>Wife</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis Chronica</i>	How long <i>years</i>
Immediate <i>Exhaustion</i>	How long <i>few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. E. Robinson</i>
	Address <i>Port Deposit</i>

Accident or Suicide



Name
in
Full

Isabel Baxter

CERTIFICATE OF DEATH

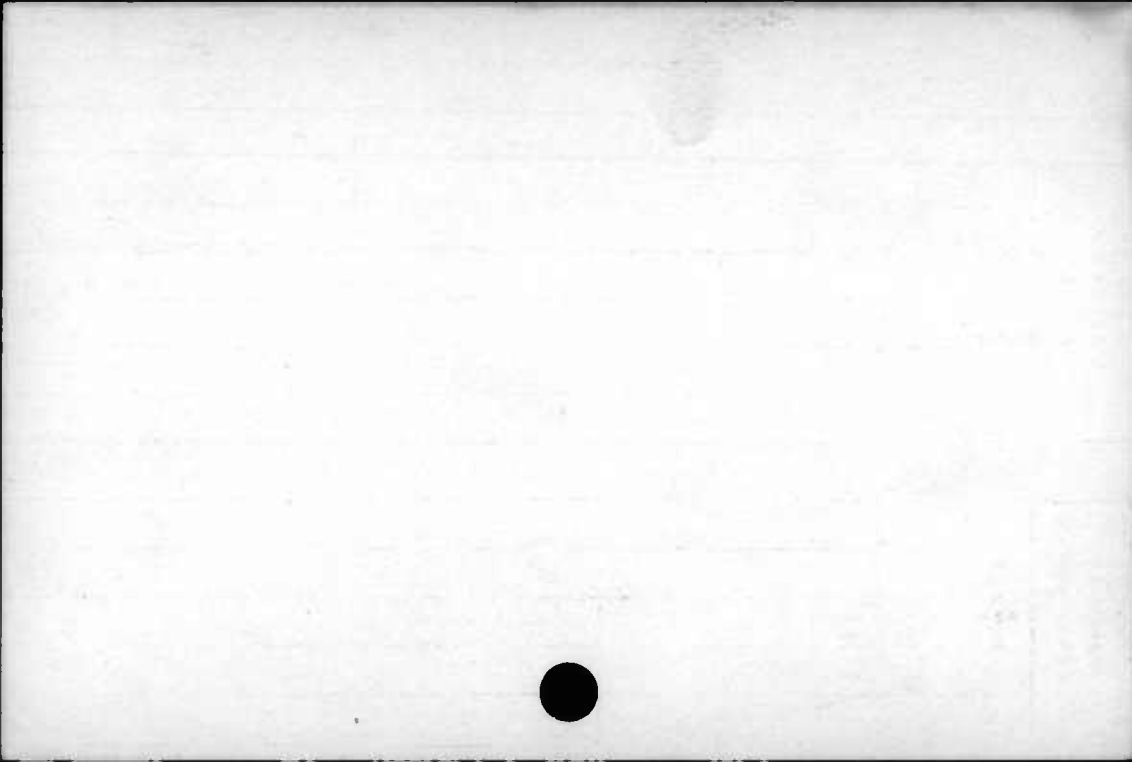
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Port Deposit</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>2</i>	Day <i>14</i>	Age <i>24</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Wilmington Del</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>None</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Malcolm Baxter</i>			Father's Birthplace <i>Wilmington Del</i>		
Mother's Maiden Name <i>Mary Baxter</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Clara Baxter</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Epilepsy</i>	How long <i>all her life</i>
Immediate <i>Stroke</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. E. Channing</i>
	Address <i>Port Deposit</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Adams</i> Town <i>John</i>		County <i>Cecil</i> <i>3rd Dist</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Feb</i>	Day <i>15</i>	Age <i>48</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Cecil Co,</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Laborer</i>			
Name of Wife or Husband					
Father's Name <i>John Briley</i>				Father's Birthplace <i> Md</i>	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>Chas Moody</i>				How related to deceased <i>No relation over -</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>B. Hume</i>
		Address <i>North End</i>
<input checked="" type="checkbox"/> Accident or Suicide?		

99



Name
in
Full

Mercy A. Cousins

CERTIFICATE OF DEATH

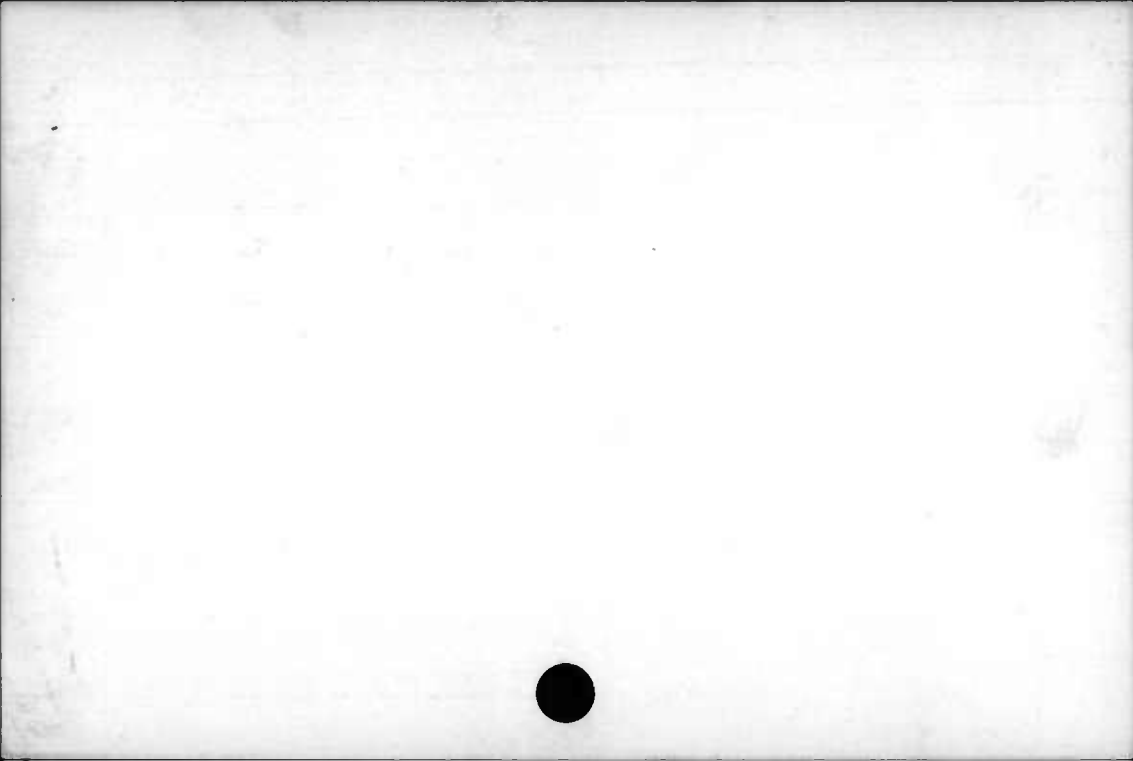
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Town</i> <i>Elkton</i>		County <i>Cecil</i>		MARYLAND	
Date of death 1903	Month <i>2</i>	Day <i>20</i>	Age <i>78</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>NJ</i>		
Married, Single <input checked="" type="checkbox"/> Married <i>1</i>			Occupation		
Name of Wife or Husband <i>Alfred Cousins</i>					
Father's Name <i>Thomas North</i>			Father's Birthplace <i>NJ</i>		
Mother's Maiden Name <i>Sarah Ashbrook</i>			Mother's Birthplace <i>NJ</i>		
Name of person giving information <i>Mary Chick</i>			How related to deceased <i>Niece</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Arterio-sclerosis</i>	How long	<i>several years</i>
Immediate	<i>Staphylococcus</i>	How long	<i>2 years</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>120</i> <i>Howard Branton</i>	
		Address	<i>Elkton Md</i>
Accident or Suicide?			



Name
in
Full

Elizabeth Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Port Deposit</i> ^{Town}		<i>Lucie</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>7</i>	Day <i>6</i>	Age <i>68</i> ^{Years}	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Port Deposit</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of Uterus</i>	How long <i>6 m</i>
Immediate <i>Lucie</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. E. Chapman</i>
	Address <i>Port Deposit</i>
Accident or Suicide?	



Name
in
FullJohn. J. Davis 4th dist -

CERTIFICATE OF DEATH

Died at <u>Bark</u> <small>Town</small>		<u>cecil</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u>	<u>Feb</u> <small>Month</small>	<u>4</u> <small>Day</small>	Age <u>73</u> <small>Years</small>	<u></u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>white</u>		Birth- place <u>Pa</u>		
Married, Single or Widowed <u>Married</u>		Occupation <u>Farmer</u>			
Name of Wife or Husband <u>Sarah C. Lilly</u>					
Father's Name <u>Jonathan Davis</u>			Father's Birthplace <u>Pa</u>		
Mother's Maiden Name <u>Mary Gamble</u>			Mother's Birthplace <u>N.J.</u>		
Name of person giving In formation <u>Nelson Davis</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

Primary	<u>nephritis</u>	<u>120</u>	How long <u>6 days</u>
Immediate	<u>Pneumonia</u>		How long <u>6 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>H. Clinton Mitchell M.D.</u>	
		Address <u>Cecil Md.</u>	
Accident or Suicide? <u></u>			

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

63-
●

Name
in
Full

Wm Denver

CERTIFICATE OF DEATH

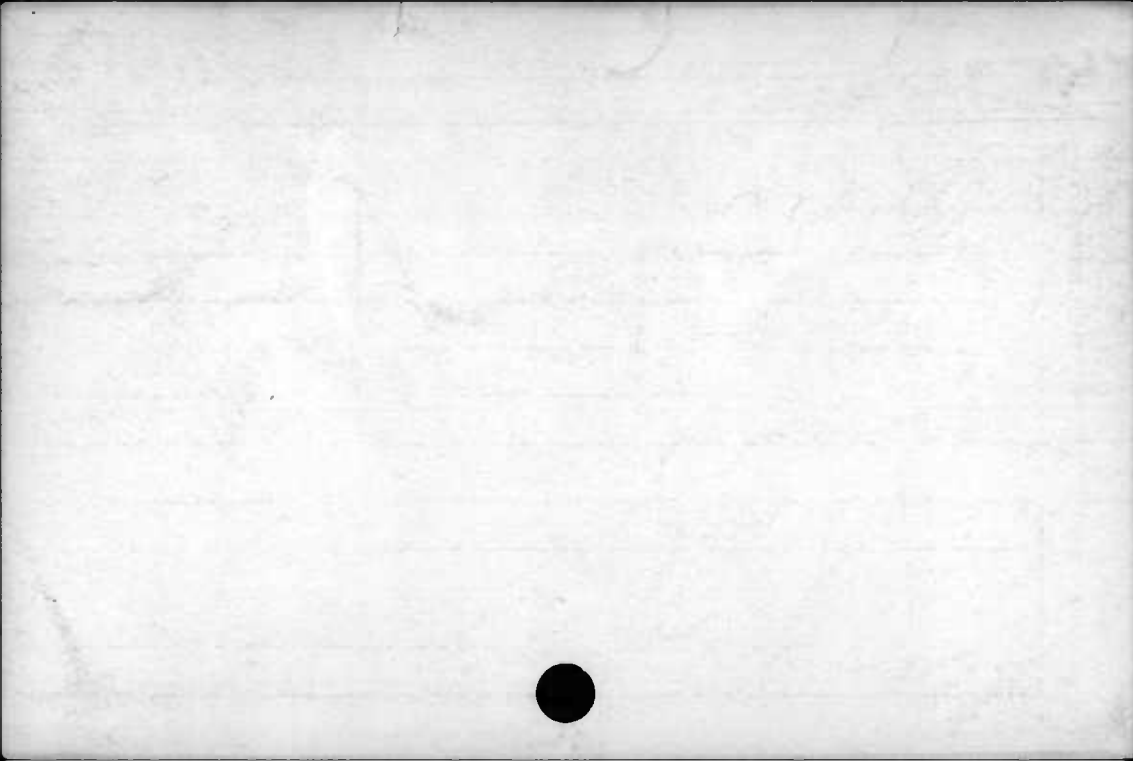
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elkton</i> <small>Town</small>		<i>ecil</i> <small>County</small>		MARYLAND	
Date of death 1903	Month <i>2</i>	Day <i>13</i>	Years <i>47</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Mid</i>		
Married, Single or Widowed	<i>Married</i>		Occupation <i>barber</i>		
Name of Wife or Husband <i>Margaret A. Rouke</i>					
Father's Name <i>Wm Denver</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Mary Gracy</i>			Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>Magdift Denver</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>93</i>	How long
Immediate <i>Pneumonia</i>		How long <i>9 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Arthur Mitchell MD</i>	
<i>9</i>	Address <i>Elkton Md.</i>	
	Accident or Suicide? <i>-</i>	



John Dyer

Town

County

Died at

Ches: City

Cecil

MARYLAND

Date 19

03

Month

Day

Feb 26

Y.

M.

D.

Age

71.

Native of

Ma

Occupation

Day Laborer

Male

~~White~~

Married

~~Widow~~

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

4

Husband

of

Wife

Julia Dyer

Father's

Name

John Dyer

Mother's

Maiden Name

do not know

Cause of

Primary

Old age Failing Health previous

How long sick

Death

Immediate

Pure debility

Accident, Suicide, Homicide

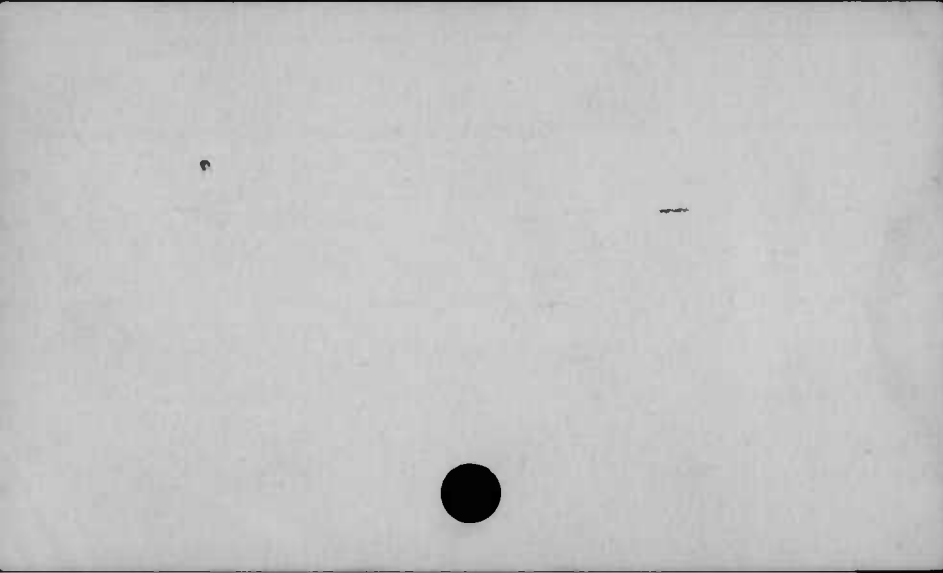
Reported by

Dr P V Haller

Address

Ches: City - Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William Gallo

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		3 rd Dist		County		Becil		MARYLAND																	
Date of death 190		3		Month		Feb		Day		4		Age		1		Years		Months		5		Days		8	
Sex				Male				Color or Race				White				Birth-place				3 rd Dist					
Married , Single or Widowed												Occupation													
Name of Wife or Husband																									
Father's Name				Vito Gallo												Father's Birthplace				Italy					
Mother's Maiden Name				Serena Zieco												Mother's Birthplace				Italy					
Name of person giving information				Serena Gallo												How related to deceased				Mother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		La Grippe		How long		5 days									
Immediate		Pneumonia		How long		8 days									
Are the name, age, sex, color, date and place correctly given above?				yes				Signature of Physician				Howard Bratten			
								Address				Elkton Md			
Accident or Suicide?															



Name
in
Full

Frank Houston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

North East

County

Becil

Date

of death 190

3 Feb

Month

Day

19

Age

Years

48

Months

Days

Sex

male

Color or
Race

white

Birth-
place

Pulaski, Pa.

Married, Single
or Widowed

Single

Occupation

Laborer

Name of Wife or
HusbandFather's
Name

Charles Houston

Father's
BirthplaceMother's
Maiden Name

Catherine

Mother's
BirthplaceName of person giving
information

Harry Houston

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Aneurism

How long

Immediate

Rupture of Aneurism

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

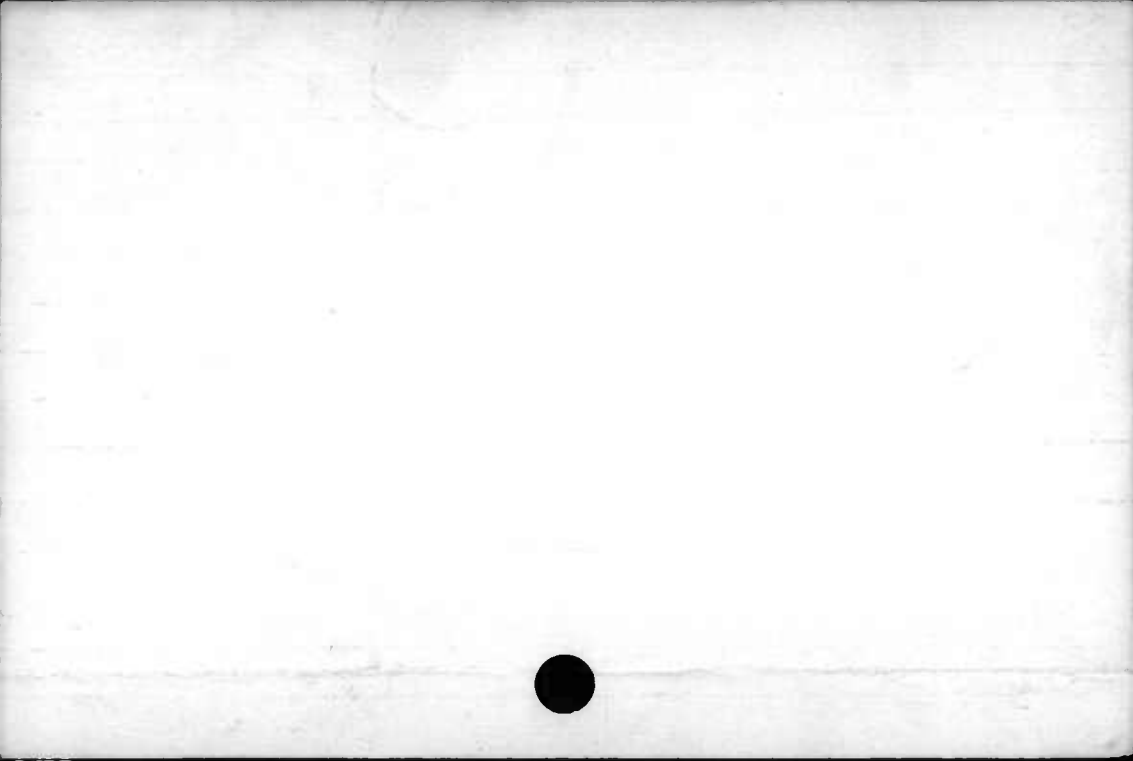
Wm D. Gawley

Elkton

md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full *James H Jones*

Died at *Elkton* ^{Town} *Reed* ^{County} MARYLAND

Date 19*03* ^{Month} *Feb* ^{Day} *21* Age *52* ^{Y.} ^{M.} ^{D.} Native of *Ind* Occupation *-*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☐ Widowed ☒ Divorced ☐ Number of children living *-*

Husband of

Father's Name

Mother's Maiden Name

How long sick

Cause of Primary

Death Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Sarah Emma Keithley, 5 dist

CERTIFICATE OF DEATH

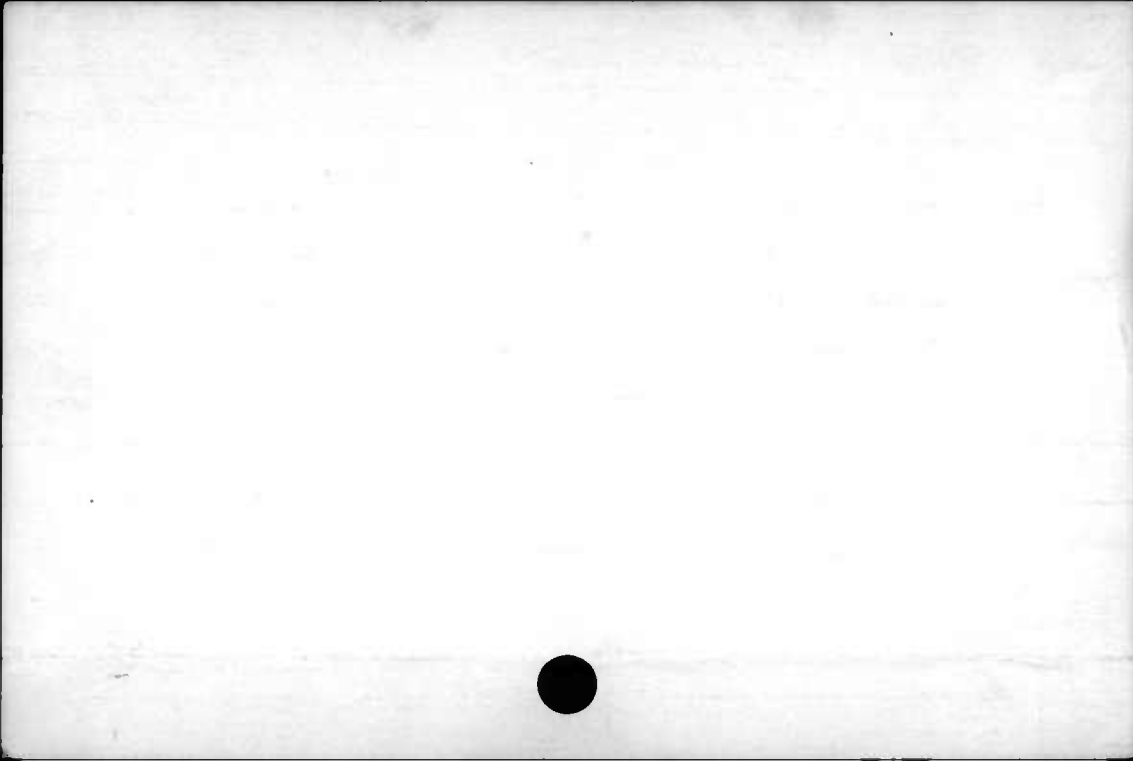
TO BE ANSWERED BY
NEAREST FRIEND

Died ² <i>North East</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death 190	<i>3</i>	Month <i>Feb</i>	Day <i>21</i>	Age <i>49</i> ^{Years}	Months <i>0</i> Days <i>0</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cecil Co.</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>0</i>			
Name of Wife or Husband <i>0</i>					
Father's Name <i>Johnathan Keithley</i>			Father's Birthplace <i>Cecil Co.</i>		
Mother's Maiden Name <i>Mahala H. Mc Kinney</i>			Mother's Birthplace <i>Cecil Co</i>		
Name of person giving information <i>John R Keithley</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cold & Exposure</i>	How long <i>0</i>
Immediate <i>Frozen</i>	How long <i>0</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Wm S Lawley M.D.</i>
<i>0</i>	Address <i>Electon Md.</i>
Accident or Suicide? <i>0</i>	



Anna Pennock

Died at ^{Town} Chesapeake City ^{County} Cecil MARYLAND

Date 1903 ^{Month} 2 ^{Day} 20 ^{Age} 62.6.20 ^{Native of} Maryland ^{Occupation} Service

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widow~~ Number of children living 3

~~Husband~~ of Isaac Pennock
 Wife
 Father's Name Robert Davis Mother's Maiden Name

Cause of Death { Primary Heart lesion
 Immediate X

How long sick 3 mos
 Accident, Suicide, Homicide

Reported by W. E. Karsner

Address Chesapeake City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

George Rambo 6 Dist

CERTIFICATE OF DEATH

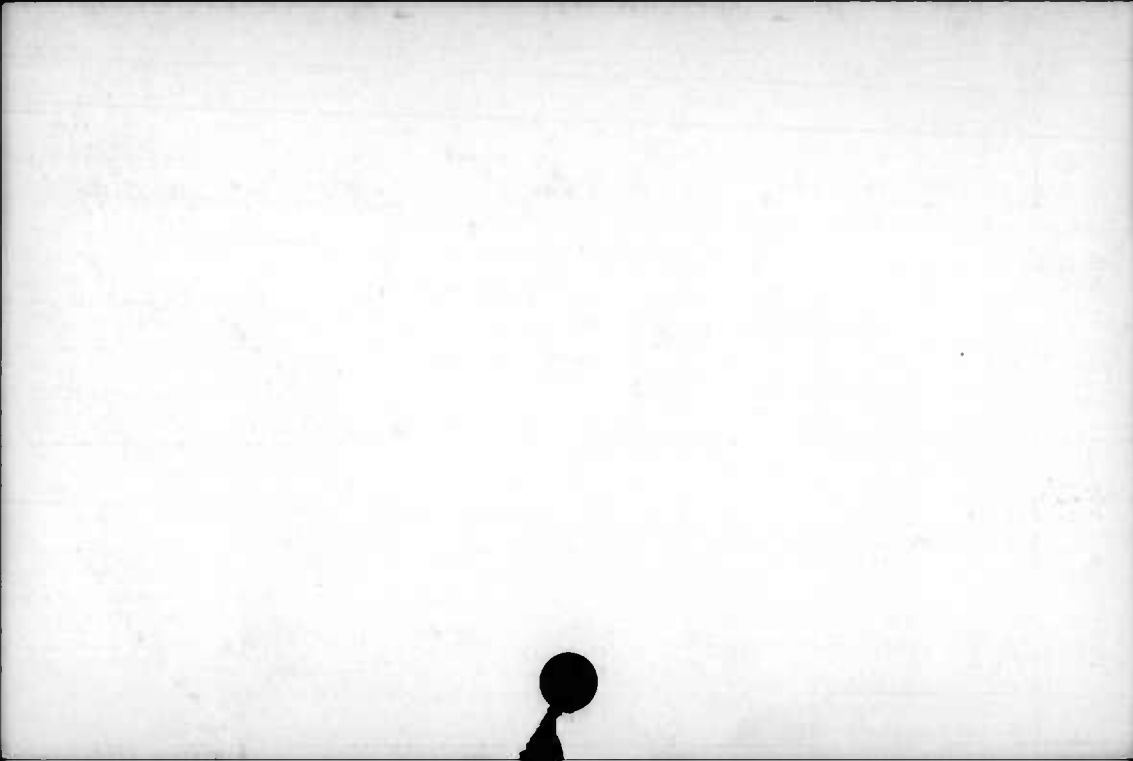
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Earl</i> ^{Town}		<i>Acis</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>Feb.</i> ^{Month}	<i>27</i> ^{Day}	Age <i>87</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>New ark</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>farmer</i>		
Name of wife or Husband <i>George Rambo</i>					
Father's Name <i>Samuel Rambo</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Margaret Chapman</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Nephew</i>			How related to deceased <i>—</i>		

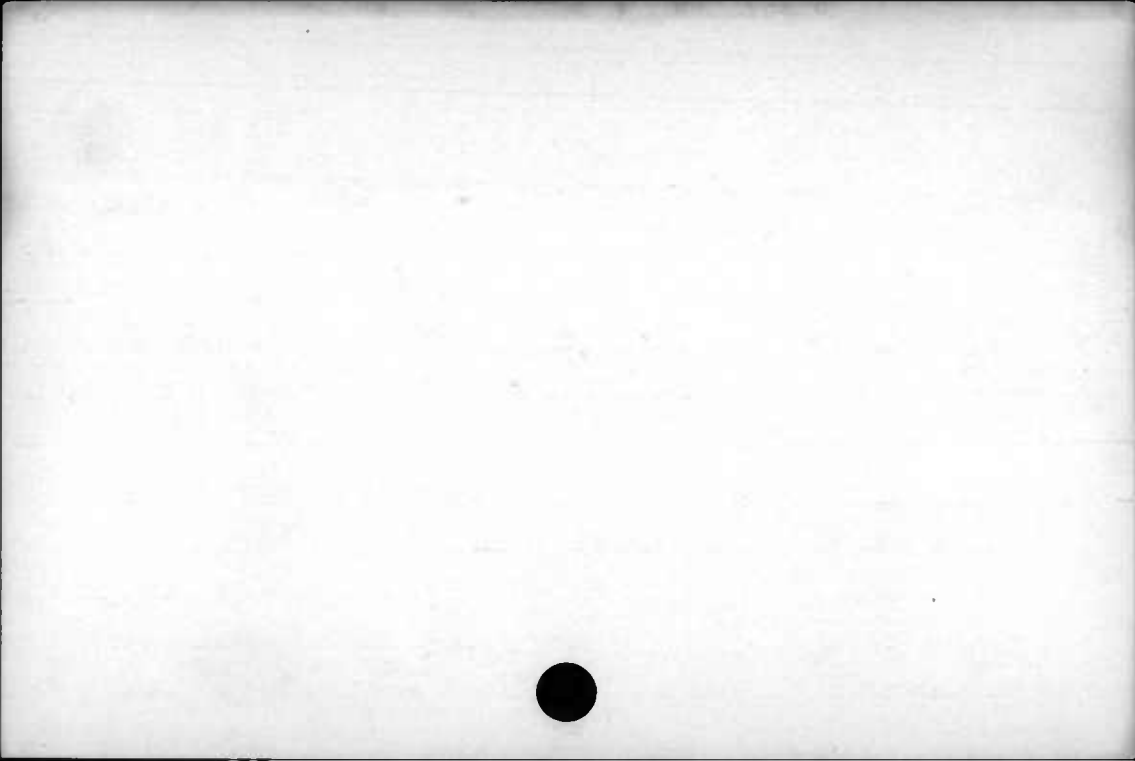
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart</i> <i>clot</i> <i>154</i>	How long <i>2 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B. H. Anderson</i>
	Address <i>North End</i>



Name in Full		Ranbo				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>3rd Dist</i> Town			County <i>Cecil</i>			MARYLAND		
	Date of death 190 <i>3</i>		Month <i>Feb</i>	Day <i>21</i>	Age <i>—</i> Years		Months <i>—</i>		Days <i>—</i>
	Sex <i>Male</i>			Color or Race <i>White</i>			Birth-place <i>3rd Dist</i>		
	Married, Single or Widowed				Occupation				
	Name of Wife or Husband								
	Father's Name <i>Wm J. M. Ranbo</i>						Father's Birthplace <i>Cecil Co</i>		
	Mother's Maiden Name <i>Emma Smith</i>						Mother's Birthplace <i>Cecil Co</i>		
Name of person giving information						How related to deceased			
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary <i>Still-born - prolapsed cord</i>						How long		
	<i>mother in last stages of Phtisis</i>						How long		
	<i>died Apr 5</i>								
	Immediate								
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>						Signature of Physician <i>Howard Bratten M.D.</i>			
						Address <i>Elkton Md</i>			
Accident or Suicide?									



Name
in
Full

Mrs Tobias Rudolph

CERTIFICATE OF DEATH

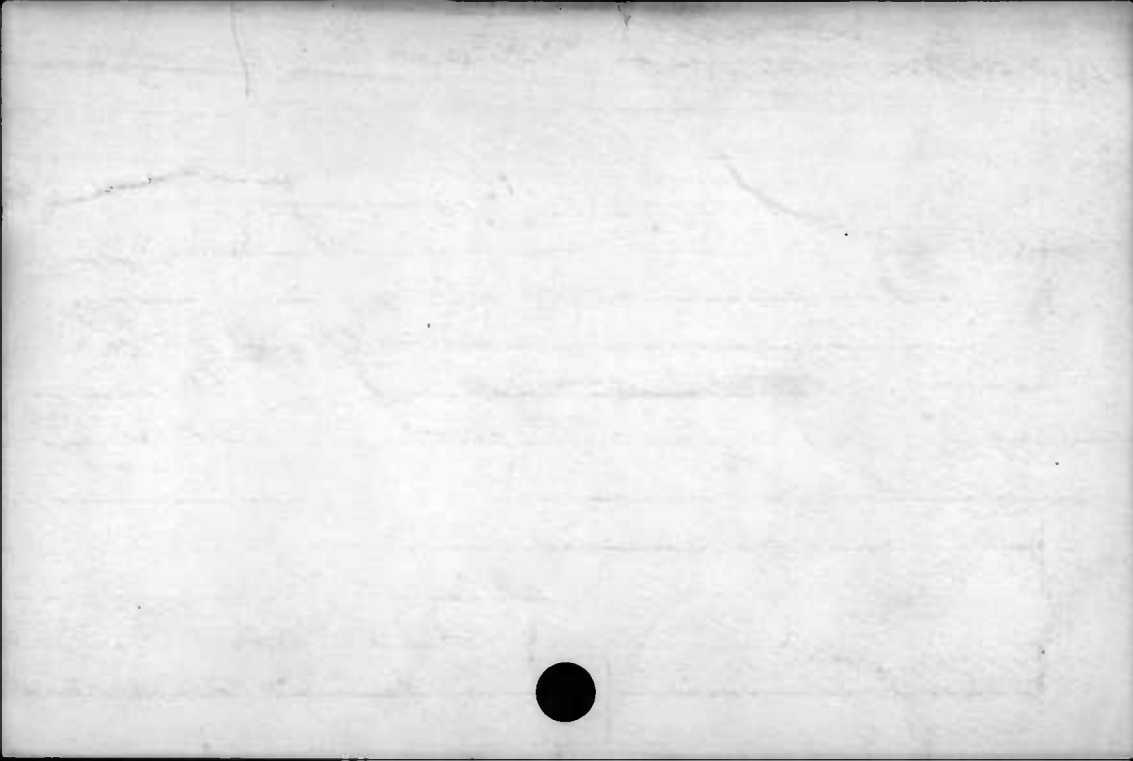
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Elkton</u> <small>Town</small>		<u>Cecil</u> <small>County</small>		MARYLAND	
Date of death 1903	<u>Feb</u> <small>Month</small>	<u>2</u> <small>Day</small>	Age <u>67</u> <small>Years</small>	<u> </u> <small>Months</small>	<u> </u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Charleston</u>		
Married, Single or Widowed <u>Widow</u>			Occupation <u> </u>		
Name of Wife or Husband <u>Tobias Rudolph</u>					
Father's Name <u>John</u>			Father's Birthplace <u>Charleston</u>		
Mother's Maiden Name <u>Augusta Rudolph</u>			Mother's Birthplace <u>Elkton</u>		
Name of person giving information <u>Chas J. Rudolph</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Arterio Sclerosis</u>	How long <u>Many years</u>
Immediate <u>Heart Failure</u>	How long <u>Six weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Charles M. Ellis</u>
	Address <u>Elkton Md</u>
Accident or Suicide? <u> </u>	



Name
in
Full

CERTIFICATE OF DEATH

John F. Rattenbury

Died at

Longm^{town} England

Cherry Hill^{County}

Bees Co

MARYLAND

Date

of death 1903

Month

Jul

Day

13

Years

Age 74

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Sidmouth England

Married, Single
or Widowed

Married

Occupation

Harmon Maker

Name of Wife or
Husband

Kate Rattenbury

Father's
Name

James Rattenbury

Father's
Birthplace

Chimney England

Mother's
Maiden Name

Merton Lake

Mother's
Birthplace

Horsington England

Name of person giving
In formation

J. Rattenbury

How related
to deceased

son

CAUSES OF DEATH

Primary

Dementia

How long

1 year

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

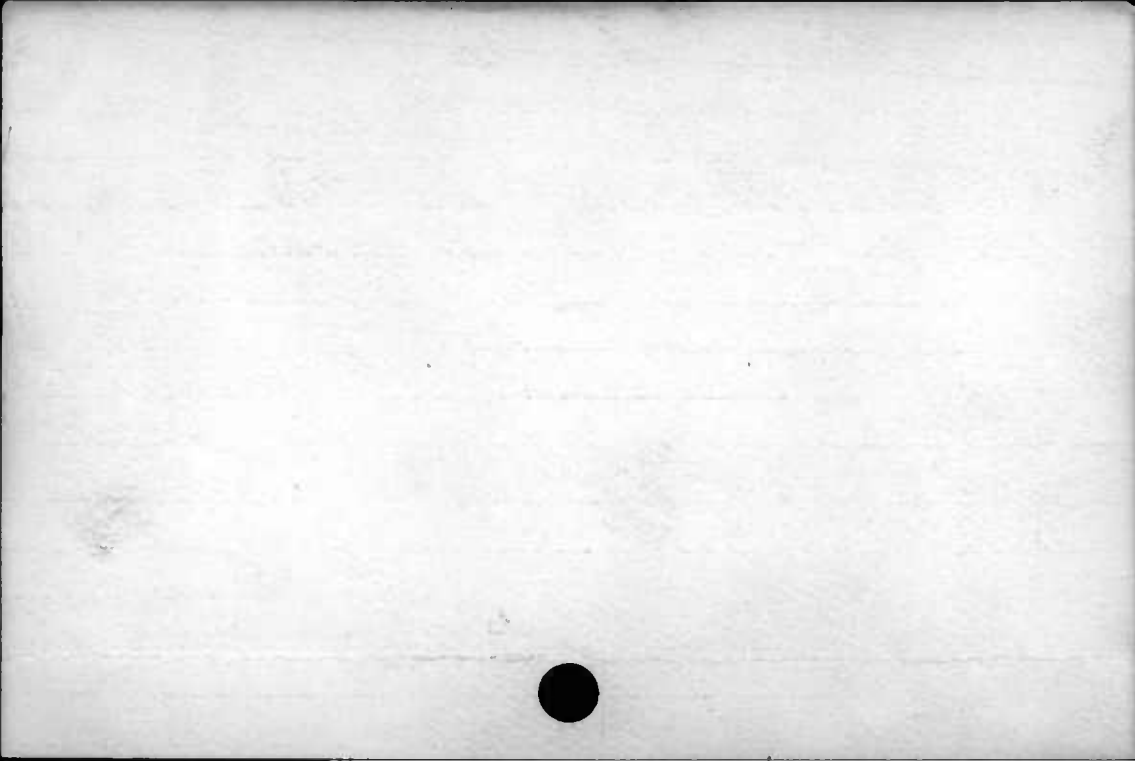
Signature of
Physician

Address

B. Rattenbury
North Russ

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name In Full

Certificate of Death

Agnes E. Scott
 Town Cecil
 County Cecil

Died at

MARYLAND

Date 189-1903 July 7 Y. M. D. Age 1-8-14 Native of Ind. Occupation

~~Male~~~~White~~~~Married~~~~Widow~~

Divorced

Female

Colored

Single

~~Widow~~

Number of children living

Husband of

Wife

Father's Name

Mother's Name

Philip Scott Hannah Scott

Cause of Primary

How long sick

Death Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. _____

Seen by Coroner _____
of _____

Information contained in this certificate received from _____

of _____

Name In Full

Certificate of Death

Paul E. Scott

Town

County

Died at

Paterson 1

Cal.

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1913. 4-6-15

Age

17

Cal.

Law

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Philip Scott

Mother's

Name

Harriet Scott

Cause of

Primary

Pneumonia 93 over

How long sick

4 days

Death

Immediate

Arteriosclerosis

Accident, Suicide, Homicide

Reported by

H. E. Clumey

Address

Paterson 1

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate re-
ceived from _____

of _____

Name in Full

Certificate of Death

Pembroke Scott.

3 Dec

MARYLAND

Died ~~New~~ ^{Town} Elkton ^{County} Cecil

Date 1907 2 22 Month Day Age 62 Y. M. D.

Male White Married Widow Native of Penn Occupation Shoemaker

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Divorced~~ ~~Number of children~~ 6 living

Husband of Annie Scott

Father's Name Mother's Maiden Name

Cause of Death Primary Immediate Pneumonia 93

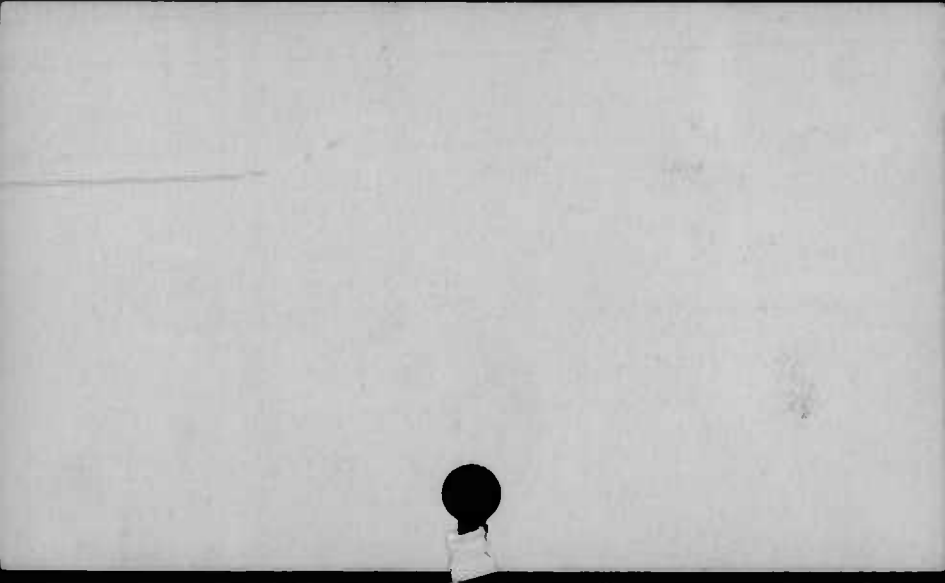
How long sick 9 days

Accident, Suicide, Homicide

Reported by H Arthur Mitchell M.D.

Address Elkton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Manen b. Diste

CERTIFICATE OF DEATH

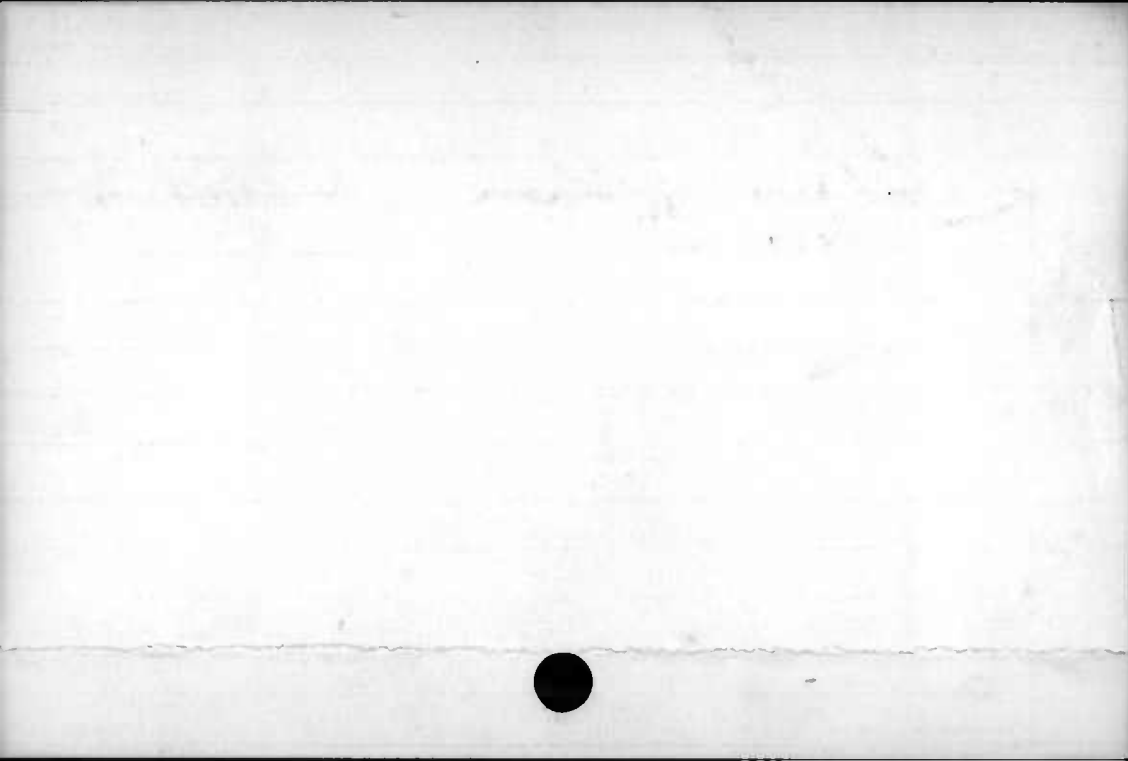
TO BE ANSWERED BY
NEAREST FRIEND

Died at Eed Need		County		MARYLAND	
Date of death 1903	Month Feb	Day 26	Age	Years	Months
Sex	Male	Color or Race	Colored	Birthplace	Eed Need
Married, Single or Widowed	Widowed	Occupation	Hawker		
Name of Wife or Mother	Laura Allen				
Father's Name	Levi Warren			Father's Birthplace	Eed Need
Mother's Maiden Name	Laura Frisby			Mother's Birthplace	
Name of person giving information	Mother			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Colombia	How long	4 days
Immediate	151	How long	
Are the name, age, sex, color, date and place correctly given above?	75	Signature of Physician	B. Brumby
		Address	Worth St



Name
in
Full

Bessie Williams

CERTIFICATE OF DEATH

Died at		Elkhart ^{Town}		Beall ^{County}		MARYLAND	
Date of death 1903	Month 2	Day 24	Age 79	Years	Months	Days	
Sex Female	Color or Race Black		Birth-place Md				
Married, Single or Widowed		Widow		Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	How long
Immediate Heart Disease	2 yrs
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician H. Arthur Mitchell M.D.
	Address Elkhart Ind.
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Ida Wilson

Died at ^{Town} St Augustine, ^{County} Cecil

MARYLAND

Date 1903 ^{Month} Dec. ^{Day} 11, ^{Y.} 40, ^{M.} - ^{D.} - Native of ^{Occupation} Md. Clerk.~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 0

Wife of Wm B. Wilson

Father's Name ^{Mother's} Name ^{Revt / known} Revt known.Cause of Death { Primary Immediate Peritonitis } How long sick 2 wks. ~~Accident, Suicide, Homicide~~Reported by Chas. A. Petcher, M.D.
Address Middletown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

